

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Department of the Treasury
Internal Revenue Service

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2009 calendar year, or tax year beginning and ending

B Check if applicable:
 Address change
 Name change
 Initial return
 Terminated
 Amended return
 Application pending

Please use IRS label or print or type.
See Specific Instructions.

C Name of organization
KIVA MICROFUNDS
 Doing Business As
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
3180 18TH STREET 202
 City or town, state or country, and ZIP + 4
SAN FRANCISCO, CA 94110

D Employer identification number
71-0992446

E Telephone number
(415) 358-7500

G Gross receipts \$ **9,127,055.**

H(a) Is this a group return for affiliates? Yes No
H(b) Are all affiliates included? Yes No
 If "No," attach a list. (see instructions)
H(c) Group exemption number ▶

F Name and address of principal officer: **JENNIFER HAMILTON**
3180 18TH STREET, SAN FRANCISCO, CA 94110

I Tax-exempt status: 501(c) (**3**) ◀ (insert no.) 4947(a)(1) or 527

J Website: ▶ **WWW.KIVA.ORG**

K Form of organization: Corporation Trust Association Other ▶ **L Year of formation:** **2005** **M State of legal domicile:** **CA**

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO CONNECT PEOPLE THROUGH LENDING FOR THE SAKE OF ALLEVIATING POVERTY.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	8
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	6
	5 Total number of employees (Part V, line 2a)	5	41
	6 Total number of volunteers (estimate if necessary)	6	600
	7a Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 6,615,030.	Current Year 8,989,177.
	9 Program service revenue (Part VIII, line 2g)		
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	370,820.	132,771.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	100,882.	5,107.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	7,086,732.	9,127,055.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		
	14 Benefits paid to or for members (Part IX, column (A), line 4)		
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	2,042,592.	2,942,344.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	28,972.	5,000.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 178,890.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	3,878,388.	5,290,180.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	5,949,952.	8,237,524.	
19 Revenue less expenses. Subtract line 18 from line 12	1,136,780.	889,531.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 5,213,406.	End of Year 6,195,433.
	21 Total liabilities (Part X, line 26)	335,082.	427,578.
	22 Net assets or fund balances. Subtract line 21 from line 20	4,878,324.	5,767,855.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here ▶ Signature of officer **JENNIFER HAMILTON, CFO** Date **6-23-10**
 ▶ Type or print name and title

Paid Preparer's Use Only
 Preparer's signature **J A Bellotti** Date **6/23/10** Check if self-employed Preparer's identifying number (see instructions)
 Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ **JEROME A BELLOTTI & ASSOCIATES**
170 KNOWLES DRIVE, SUITE 209
LOS GATOS, CA 95032 EIN ▶ Phone no. ▶ **(408) 871-1555**

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission: SEE SCHEDULE O FOR CONTINUATION
KIVA MICROFUNDS ("KIVA) IS A NONPROFIT, TAX EXEMPT ORGANIZATION
FOUNDED IN 2005 TO CONNECT PEOPLE THROUGH LENDING FOR THE SAKE OF
ALLEVIATING POVERTY. KIVA EMPOWERS INDIVIDUALS TO LEND TO LOW-INCOME
ENTREPRENEURS AROUND THE WORLD. KIVA PARTNERS WITH GLOBAL MICROFINANCE

2 Did the organization undertake any significant program services during the year which were not listed on
the prior Form 990 or 990-EZ? Yes No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?
If "Yes," describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.
Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and
allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 7,457,758. including grants of \$) (Revenue \$)
KIVA IS PARTNERED WITH OVER 110 MFIS IN MORE THAN 50 COUNTRIES ACROSS
THE GLOBE. THIS NETWORK OF PARTNERSHIPS ENABLES KIVA TO CONNECT WITH
ENTREPRENEURS SEEKING MICRO-LOANS. KIVA'S MFI PARTNERS ARE RESPONSIBLE
FOR SELECTING AND VETTING THE ENTREPRENEURS AND ADMINISTERING THE
LOANS. KIVA'S ONLINE PLATFORM CONNECTS THESE ENTREPRENEURS WITH OVER
450,000 INDIVIDUALS TO DATE WHO WANT TO CONTRIBUTE LOAN FUNDS VIA THE
INTERNET.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services. (Describe in Schedule O.)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses \$ 7,457,758.

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>		X
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>	N/A	
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	X	
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11	Is the organization's answer to any of the following questions "Yes"? <i>If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	X	
	<ul style="list-style-type: none"> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i> Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i> Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i> Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? <i>If "Yes," complete Schedule D, Part X.</i> 		
12	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i>	X	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional</i>	Yes No X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	X	
14b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Part I</i>	X	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i>		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X

Part IV Checklist of Required Schedules (continued)

		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>		X
28	Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	X	
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	X	
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O.	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable		
	1a 25		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
	1b 0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a 41		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	X	
	2b		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
	3a		
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
	4a		
b	If "Yes," enter the name of the foreign country: _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
	4b		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
	5a		
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
	5b		
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		X
	6a		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
	6b		
7 Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
	7f		
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		X
	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		X
	7h		
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.	Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		X
	8		
9 Sponsoring organizations maintaining donor advised funds.			
a	Did the organization make any taxable distributions under section 4966?		X
	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		X
	9b		
10 Section 501(c)(7) organizations.	Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	N/A	
	10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
	10b		
11 Section 501(c)(12) organizations.	Enter:		
a	Gross income from members or shareholders	N/A	
	11a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
	11b		
12a Section 4947(a)(1) non-exempt charitable trusts.	Is the organization filing Form 990 in lieu of Form 1041?		
	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
	12b		

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body		8
1b	Enter the number of voting members that are independent		6
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?		X
6	Does the organization have members or stockholders?		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
7b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	The governing body?	X	
8b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	X	

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?		X
10b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	X	
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
12b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
13	Does the organization have a written whistleblower policy?	X	
14	Does the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15a	The organization's CEO, Executive Director, or top management official	X	
15b	Other officers or key employees of the organization	X	
If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
16b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed **CA**

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
 Own website Another's website Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **JENNIFER HAMILTON, CFO - (415) 358-7500**
3180 18TH STREET SUITE 202, SAN FRANCISCO, CA 94110

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors
Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's **current** key employees. See instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if the organization did not compensate any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
PREMAL SHAH PRESIDENT & BOARD MEMBER	40.00	X		X			132,500.	0.	15,619.	
MATTHEW FLANNERY CEO, CO-FOUNDER, BOARD MEM	40.00	X		X			132,500.	0.	13,135.	
GEOFF DAVIS BOARD OF DIRECTOR	1.00	X					0.	0.	0.	
LESLIE CRUTCHFIELD BOARD OF DIRECTOR	1.00	X					0.	0.	0.	
ALEX EDELSTEIN BOARD OF DIRECTOR	1.00	X					0.	0.	0.	
REID HOFFMAN BOARD OF DIRECTOR	1.00	X					0.	0.	0.	
JENNY SHILLING STEIN BOARD OF DIRECTOR	1.00	X					0.	0.	0.	
TABREEZ VERJEE BOARD OF DIRECTOR	1.00	X					0.	0.	0.	
JESSICA JACKLEY BOARD OF DIRECTOR	1.00	X					0.	0.	0.	
TIM HASSETT VICE PRESIDENT OF MICROF	40.00	X					100,655.	0.	19,971.	
JULIE HANNA FARRIS BOARD OF DIRECTOR	1.00	X					0.	0.	0.	
JENNIFER HAMILTON CHIEF FINANCIAL OFFICER	40.00			X			100,633.	0.	16,113.	
SAM MANKIEWICZ CHIEF TECHNOLOGY OFFICER	40.00			X			115,165.	0.	16,071.	
ISABELLE BARRES VICE PRESIDENT OF MICROF	40.00			X			105,000.	0.	7,039.	
PHU HOANG VICE PRESIDENT OF PRODUC	30.00			X			24,231.	0.	2,443.	
ZVI BOSHERNITZAN CHIEF SOFTWARE ARCHITECT	40.00				X		105,000.	0.	12,915.	
JONATHON KART SENIOR SOFTWARE ENGINEER	40.00				X		104,614.	0.	14,573.	

Part VIII		Statement of Revenue		(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1 a	Federated campaigns	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d					
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	8989177.				
	g	Noncash contributions included in lines 1a-1f: \$		3363023.				
	h	Total. Add lines 1a-1f		8989177.				
	Program Service Revenue	2 a		Business Code				
		b						
c								
d								
e								
f		All other program service revenue						
g		Total. Add lines 2a-2f						
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		132,771.			132,771.	
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
	6 a	Gross Rents	(i) Real	(ii) Personal				
		Less: rental expenses						
		Rental income or (loss)						
		Net rental income or (loss)						
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		Less: cost or other basis and sales expenses						
		Gain or (loss)						
		Net gain or (loss)						
	8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a					
		Less: direct expenses	b					
		Net income or (loss) from fundraising events						
	9 a	Gross income from gaming activities. See Part IV, line 19	a					
		Less: direct expenses	b					
		Net income or (loss) from gaming activities						
10 a	Gross sales of inventory, less returns and allowances	a						
	Less: cost of goods sold	b						
	Net income or (loss) from sales of inventory							
Miscellaneous Revenue		Business Code						
11 a	MISCELLANEOUS INCOME	900099		2,984.			2,984.	
b	INVESTMENT GAIN	900099		2,123.			2,123.	
c								
d	All other revenue							
e	Total. Add lines 11a-11d			5,107.				
12	Total revenue. See instructions.			9127055.	0.	0.	137,878.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	799,496.	640,194.	122,448.	36,854.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,638,390.	1,311,898.	250,965.	75,527.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	64,623.	51,743.	9,901.	2,979.
9 Other employee benefits	191,115.	153,034.	29,271.	8,810.
10 Payroll taxes	248,720.	199,158.	38,097.	11,465.
11 Fees for services (non-employees):				
a Management				
b Legal	6,122.	6,122.		
c Accounting	25,794.		25,794.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	5,000.			5,000.
f Investment management fees				
g Other	7,468.	7,468.		
12 Advertising and promotion	87,037.	85,446.	1,591.	
13 Office expenses	16,876.	13,513.	2,585.	778.
14 Information technology	128,219.	102,669.	19,639.	5,911.
15 Royalties				
16 Occupancy	184,639.	147,846.	28,281.	8,512.
17 Travel	13,398.	8,750.	1,069.	3,579.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	68,437.	58,959.	1,014.	8,464.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	564,867.	552,080.	9,829.	2,958.
23 Insurance	8,875.	7,107.	1,359.	409.
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a IN-KIND EXPENSES	3,248,578.	3,242,976.	4,306.	1,296.
b CONTRACTORS	463,051.	429,089.	33,962.	
c MFI PARTNERSHIPS PROGRA	145,355.	145,355.		
d INDEMNIFICATION	110,456.	110,456.		
e FELLOWS PROGRAM	75,015.	75,015.		
f All other expenses	135,993.	108,880.	20,765.	6,348.
25 Total functional expenses. Add lines 1 through 24f	8,237,524.	7,457,758.	600,876.	178,890.
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation ...				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year	
Assets	1 Cash - non-interest-bearing	567,289.	1	258,082.	
	2 Savings and temporary cash investments	1,945,884.	2	3,642,400.	
	3 Pledges and grants receivable, net	1,493,000.	3	238,000.	
	4 Accounts receivable, net	5,107.	4	18,491.	
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5		
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6		
	7 Notes and loans receivable, net	498,756.	7	1,013,938.	
	8 Inventories for sale or use		8		
	9 Prepaid expenses and deferred charges	71,489.	9	121,461.	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,886,225.			
	b Less: accumulated depreciation	10b 1,028,460.	597,080.	10c	857,765.
	11 Investments - publicly traded securities	3,752.	11	5,875.	
	12 Investments - other securities. See Part IV, line 11		12		
	13 Investments - program-related. See Part IV, line 11		13		
	14 Intangible assets	25,000.	14	25,000.	
	15 Other assets. See Part IV, line 11	6,049.	15	14,421.	
16 Total assets. Add lines 1 through 15 (must equal line 34)	5,213,406.	16	6,195,433.		
Liabilities	17 Accounts payable and accrued expenses	306,172.	17	404,499.	
	18 Grants payable		18		
	19 Deferred revenue		19		
	20 Tax-exempt bond liabilities		20		
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21		
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22		
	23 Secured mortgages and notes payable to unrelated third parties		23		
	24 Unsecured notes and loans payable to unrelated third parties		24		
	25 Other liabilities. Complete Part X of Schedule D	28,910.	25	23,079.	
	26 Total liabilities. Add lines 17 through 25	335,082.	26	427,578.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27 Unrestricted net assets	3,023,835.	27	4,987,770.	
	28 Temporarily restricted net assets	1,854,489.	28	780,085.	
	29 Permanently restricted net assets		29		
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.				
	30 Capital stock or trust principal, or current funds		30		
	31 Paid-in or capital surplus, or land, building, or equipment fund		31		
	32 Retained earnings, endowment, accumulated income, or other funds		32		
	33 Total net assets or fund balances	4,878,324.	33	5,767,855.	
34 Total liabilities and net assets/fund balances	5,213,406.	34	6,195,433.		

Part XI Financial Statements and Reporting

1 Accounting method used to prepare the Form 990: Cash Accrual Other _____

If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

b Were the organization's financial statements audited by an independent accountant?

c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.

d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both:

Separate basis Consolidated basis Both consolidated and separate basis

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

Form 990 (2009)

COPY

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						

12 Gross receipts from related activities, etc. (see instructions) 12

13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) 14 %

15 Public support percentage from 2008 Schedule A, Part II, line 14 15 %

16a 33 1/3% support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

17a 10% -facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

b 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")		1,334,904.	2,507,404.	6,615,030.	8,989,177.	19,446,515.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513				100,882.	5,107.	105,989.
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5		1,334,904.	2,507,404.	6,715,912.	8,994,284.	19,552,504.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
c Add lines 7a and 7b						0.
8 Public support (Subtract line 7c from line 6.)						19,552,504.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6		1,334,904.	2,507,404.	6,715,912.	8,994,284.	19,552,504.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources		57,850.	57,850.	370,820.	132,771.	619,291.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b		57,850.	57,850.	370,820.	132,771.	619,291.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11, and 12.)		1,392,754.	2,565,254.	7,086,732.	9,127,055.	20,171,795.

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, 990-EZ, or 990-PF.

OMB No. 1545-0047

2009

Name of the organization

KIVA MICROFUNDS

Employer identification number

71-0992446

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. ▶ \$ _____

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

Name of organization KIVA MICROFUNDS	Employer identification number 71-0992446
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Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	ADVANTA CORP. P.O. BOX 130 HORSHAM, PA 19044	\$ 6,800.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	AMERICANS FOR PHILANTHROPY 39150 FREMONT BOULEVARD FREMONT, CA 94538	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	ANONYMOUS 3180 18TH STREET, SUITE 202 SAN FRANCISCO, CA 94110	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	ANONYMOUS 3180 18TH STREET, SUITE 202 SAN FRANCISCO, CA 94110	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	AP TREASUREY - OGILVY 636 11TH AVENUE NEW YORK, NY 10036	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	BEN MCKINLEY 1413 OCEAN MEADOW PLACE SANTA BARBARA, CA 93108	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization KIVA MICROFUNDS	Employer identification number 71-0992446
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Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7	BRADFORD AND SHERRY RICHARDSON 4747 WILLOW ROAD PLEASANTON, CA 94588	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8	COMMUNITIES FOUNDATION OF TEXAS 5956 SHERRY LANE, SUITE 1800 DALLAS, TX 75225	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
9	LARRY, BERNIE, TYLER, ERICA & MASON MEURK P.O. BOX 10196 PALO ALTO, CA 94303	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
10	KEN & VICKIE FRENCH 85 TRECOTT ROAD ETNA, NH 03750	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
11	LUCAS PEREIRA 400 WEST DANA STREET MOUNTAIN VIEW, CA 94041	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
12	MARK MULLER 3779 SYRACUSE STREET HOUSTON, TX 77005	\$ 55,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization KIVA MICROFUNDS	Employer identification number 71-0992446
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Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
13	MICROSOFT GIVING CAMPAIGN P.O. BOX 7405 PRINCETON, NJ 08543	\$ 17,417.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
14	NAE P.O. BOX 8507 SANTA CRUZ, CA 95061	\$ 11,493.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
15	NATHAN & LENA SEILER FAMILY/ERIC ELENKO 4 LONGFELLOW PLACE, APT 502 BOSTON, MA 02114	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
16	NETWORK FOR GOOD 7920 NORFOLK AVENUE, SUITE 520 BETHESDA, MD 20814	\$ 34,033.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
17	PATTY & JACK WRIGHT FOUNDATION 300 DRAKE'S LANDING ROAD, SUITE 200 GREENBRAE, CA 94904	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
18	RYAN & JIN O'GRADY 51 GOLDEN EAGLE IRVINE, CA 92603	\$ 12,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization KIVA MICROFUNDS	Employer identification number 71-0992446
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Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
19	SABAN FAMILY FOUNDATION 10100 SANTA MONICA BOULEVARD, SUITE 2600 LOS ANGELES, CA 90067	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small>
20	ANONYMOUS 3180 18TH STREET, SUITE 202 SAN FRANCISCO, CA 94110	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small>
21	T. BECK FOUNDATION 1681 S. MOHAWK WAY SALT LAKE CITY, UT 84108	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small>
22	TIDES FOUNDATION P.O. BOX 29903 SAN FRANCISCO, CA 94129	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small>
23	W. CLEMENT & JESSIE STONE FOUNDATION P.O. BOX 29255 SAN FRANCISCO, CA 94129	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small>
24	WELLS FARGO BANK 90 SOUTH 7TH STREET MINNEAPOLIS, MN 55479	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small>

Name of organization KIVA MICROFUNDS	Employer identification number 71-0992446
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Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
25	ANONYMOUS 3180 18TH STREET, SUITE 202 SAN FRANCISCO, CA 94110	\$ 73,432.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
26	INDEX NJALSGADE 106, DK-2300 COPENHAGEN, DENMARK	\$ 69,895.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
27	DESHPANDE FOUNDATION 92 MONTVALE AVENUE, SUITE 2500 STONEHAM, MA 02180	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
28	CHEVRON U.S.A. INC. 6001 BOLLINGER CANYON ROAD SAN RAMON, CA 94583	\$ 500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
29	JOHN & CATHERINE MACARTHUR FOUNDATION 140 SOUTH DEARBORN AVENUE CHICAGO, IL 60603	\$ 250,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
30	7BAR FOUNDATION 3860 W. NORTHWEST HWY, SUITE 400 DALLAS, TX 75220	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization KIVA MICROFUNDS	Employer identification number 71-0992446
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Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
31	ASHOKA INVESTORS FOR THE PUBLIC 1700 N. MOORE STREET ARLINGTON, VA 22209	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
32	CISCO FOUNDATION 170 WEST TASMAN DRIVE SAN JOSE, CA 95134	\$ 165,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
33	THE DIAL CORPORTION ONE HENKEL WAY ROCKY HILL, CT 06067	\$ 31,967.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
34	ANONYMOUS 3180 18TH STREET, SUITE 202 SAN FRANCISCO, CA 94110	\$ 19,281.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
35	ANONYMOUS 3180 18TH STREET, SUITE 202 SAN FRANCISCO, CA 94110	\$ 10,962.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
36	ANONYMOUS 3180 18TH STREET, SUITE 202 SAN FRANCISCO, CA 94110	\$ 8,698.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization KIVA MICROFUNDS	Employer identification number 71-0992446
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Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
37	ANONYMOUS 3180 18TH STREET, SUITE 202 SAN FRANCISCO, CA 94110	\$ 6,856.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
38	ANONYMOUS 3180 18TH STREET, SUITE 202 SAN FRANCISCO, CA 94110	\$ 5,724.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
39	ANONYMOUS 3180 18TH STREET, SUITE 202 SAN FRANCISCO, CA 94110	\$ 5,225.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
40	ANONYMOUS 3180 18TH STREET, SUITE 202 SAN FRANCISCO, CA 94110	\$ 11,425.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
41	INTEL 2200 MISSION COLLEGE BOULEVARD SANTA CLARA, CA 95054	\$ 36,250.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
42	ANONYMOUS 3180 18TH STREET, SUITE 202 SAN FRANCISCO, CA 94110	\$ 5,150.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization KIVA MICROFUNDS	Employer identification number 71-0992446
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Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
43	COMMON SENSE ADVISORY 100 MERRIMACK STREET, SUITE 300 LOWELL, MA 01810	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
44	PB WORKS 1825 S. GRANT STREET, SUITE 850 SAN MATEO, CA 94402	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
45	IDEM TRANSLATIONS, INC. 550 CALIFORNIA STREET, SUITE 310 PALO ALTO, CA 94306	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
46	ORRICK 405 HOWARD STREET PHILADELPHIA, PA 19123	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
47	JANGOMAIL 1930 N. LAKEMAN DRIVE, SUITE 108 BELLBROOK, OH 45305	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
48	PAYPAL 2211 N. FIRST STREET SAN JOSE, CA 95131	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization KIVA MICROFUNDS	Employer identification number 71-0992446
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Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
49	YAHOO! 701 FIRST AVENUE SUNNYVALE, CA 94089	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
50	NETSUITE 2955 CAMPUS DRIVE, SUITE 100 SAN MATEO, CA 94403	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
51	KASEYA 4TH FLOOR, CHANNEL HOUSE - GREEN STREET ST. HELIER, OTHER COUNTRY	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
52	FLEISHMAN-HILLARD P.O. BOX 598 ST. LOUIS, MO 63188	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
53	GOOGLE 1600 AMPHITHEATRE PARKWAY MOUNTAIN VIEW, CA 94043	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
54	READYTALK 1598 WYNKOOP STREET DENVER, CO 80202	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization KIVA MICROFUNDS	Employer identification number 71-0992446
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Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
55	CISCO FOUNDATION 170 WEST TASMAN DRIVE SAN JOSE, CA 95134	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
56	ANONYMOUS 3180 18TH STREET, SUITE 202 SAN FRANCISCO, CA 94110	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
57	STONEWALL PROJECT 955 MARKET STREET, SUITE 200 SAN FRANCISCO, CA 94103	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
58	HULU 12312 WEST OLYMPIC LOS ANGELES, CA 90064	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
59	MAYER BROWN LLP 71 S. WACKER DRIVE CHICAGO, IL 60606	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
60	SIMPSON THATCHER & BARLETT LLP 425 LEXINGTON AVENUE NEW YORK, NY 10017	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization KIVA MICROFUNDS	Employer identification number 71-0992446
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Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
61	FENWICK & WEST LLP 801 CALIFORNIA STREET MOUNTAIN VIEW, CA 94041	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
62	BOADWEE LAW OFFICE 20370 TOWN CENTER LANE #100 CUPERTINO, CA 95014	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
63	MORRISON & FOERSTER LLP 425 MARKET STREET SAN FRANCISCO, CA 94105	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
64	VIRTUAL LAW PARTNERS LLP 100 HAMILTON AVENUE, SUITE 100 PALO ALTO, CA 94301	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
65	BINGHAM MCCUTCHEN LLP 3 EMBARACADERO CENTER SAN FRANCISCO, CA 94111	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
66	O'MELVENY & MYERS 400 SOUTH HOPE STREET, SUITE 1500 LOS ANGELES, CA 90071	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization KIVA MICROFUNDS	Employer identification number 71-0992446
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Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
67	BAKER & MCKENZIE 2 EMBARACADERO CENTER SAN FRANCISCO, CA 94111	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization	Employer identification number
KIVA MICROFUNDS	71-0992446

Part II Noncash Property (see instructions)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
43	MEMBERSHIP FOR RESEARCH SITE	\$ 20,000.	VARIOUS
44	WIKI LICENSES	\$ 5,000.	VARIOUS
45	TRANSLATION FEES	\$ 8,421.	VARIOUS
46	LEGAL FEES	\$ 86,313.	VARIOUS
47	MASS EMAILS	\$ 36,265.	VARIOUS
48	CREDIT CARD PROCESSING FEES	\$ 895,551.	VARIOUS

Name of organization

Employer identification number

KIVA MICROFUNDS

71-0992446

Part II Noncash Property (see instructions)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
49	YAHOO BANNER ADVERTISEMENT	\$ 132,968.	VARIOUS
50	SOFTWARE LICENSES	\$ 26,908.	VARIOUS
51	SUPPORT LICENSES	\$ 5,400.	VARIOUS
52	PUBLIC RELATIONS	\$ 132,000.	VARIOUS
53	ONLINE ADVERTISING	\$ 415,324.	VARIOUS
54	WEB TELECONFERENCING	\$ 9,763.	VARIOUS

Name of organization

Employer identification number

KIVA MICROFUNDS

71-0992446

Part II Noncash Property (see instructions)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
55	SERVERS _____ _____ _____	\$ 97,093.	VARIOUS
56	CAMERA, FLIP VIDEO, MEMORY STICKS _____ _____ _____	\$ 26,498.	VARIOUS
57	DESKS, CHAIRS & TABLES _____ _____ _____	\$ 5,250.	VARIOUS
58	BANNER ADVERTISING _____ _____ _____	\$ 1,035,576.	VARIOUS
59	LEGAL FEES _____ _____ _____	\$ 22,124.	VARIOUS
60	LEGAL FEES _____ _____ _____	\$ 170,262.	VARIOUS

Name of organization KIVA MICROFUNDS	Employer identification number 71-0992446
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Part II Noncash Property (see instructions)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
61	LEGAL FEES _____ _____ _____	\$ 34,510.	VARIOUS
62	LEGAL FEES _____ _____ _____	\$ 1,723.	VARIOUS
63	LEGAL FEES _____ _____ _____	\$ 44,418.	VARIOUS
64	LEGAL FEES _____ _____ _____	\$ 7,000.	VARIOUS
65	LEGAL FEES _____ _____ _____	\$ 87,876.	VARIOUS
66	LEGAL FEES _____ _____ _____	\$ 20,360.	VARIOUS

Name of organization KIVA MICROFUNDS	Employer identification number 71-0992446
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Part II Noncash Property (see instructions)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
67	LEGAL FEES _____ _____ _____	\$ 21,487.	VARIOUS
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

Schedule D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Attach to Form 990. See separate instructions.

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization

KIVA MICROFUNDS

Employer identification number

71-0992446

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate contributions, aggregate grants, aggregate value, and questions about donor advisement and grant fund usage.

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

Form for Part II Conservation Easements. Includes questions about purpose of easements, acreage restricted, and monitoring. Includes a table for 'Held at the End of the Tax Year' with rows 2a-2d.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions about reporting works of art and historical treasures.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items

(check all that apply):

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange programs
- e Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIV and complete the following table:

	Amount
c Beginning balance	15,408,051.
d Additions during the year	20,290,107.
e Distributions during the year	7,228,613.
f Ending balance	28,469,545.

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If "Yes," explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment %
- b Permanent endowment %
- c Term endowment %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
(i) unrelated organizations		
(ii) related organizations		
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?		

4 Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements	70,942.		41,411.	29,531.
d Equipment	263,017.		82,405.	180,612.
e Other	1,552,266.		904,644.	647,622.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				857,765.

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	9,127,055.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	8,237,524.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	889,531.
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	0.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	889,531.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	9,127,055.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	9,127,055.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	9,127,055.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	8,237,524.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	8,237,524.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	8,237,524.

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

PART IV, LINE 1B: FUNDS OF KIVA'S USERS ARE HELD IN BANK ACCOUNTS AT

WELLS FARGO BANK BY KIVA USER FUNDS LLC. KIVA USER FUNDS LLC WAS ESTABLISHED TO HOLD USER FUNDS IN SEVERAL POOLED ACCOUNTS FOR THE BENEFIT OF THE APPLICABLE KIVA USERS WHO HAVE CREDITS IN THE KIVA SYSTEM (E.G., FUNDS DEPOSITED BY A KIVA LENDER TO MAKE A MICROLOAN OR REPAYMENTS MADE TO A KIVA LENDER BY A BORROWER/MICRO-ENTREPRENEUR). KIVA IS THE SOLE MEMBER OF KIVA USER FUNDS LLC. KIVA USER FUNDS LLC MAINTAINS THE FBO ACCOUNTS, WHICH ARE HELD SEPARATE AND APART FROM THE OPERATIONAL FUNDS ACCOUNTS OF

Part XIV Supplemental Information (continued)

KIVA. KIVA IS ENTITLED TO THE INTEREST EARNED ON THE FUNDS HELD IN THE FBO ACCOUNTS, PURSUANT TO THE BINDING TERMS OF USE WITH INDIVIDUAL USERS AT THE TIME A USER ACCOUNT IS ESTABLISHED. KIVA IS ALSO ENTITLED TO GIFT CERTIFICATES HELD IN THESE ACCOUNTS THAT ARE AUTO-CONVERTED INTO DONATIONS AND ONLINE DONATIONS INTENDED FOR KIVA THAT ARE PROCESSED TO THESE ACCOUNTS. DONATIONS FROM INTEREST INCOME, AUTO-CONVERTED GIFT CERTIFICATES, AND ONLINE DONATIONS ON THESE BANK ACCOUNTS FOR THE YEARS ENDED DECEMBER 31, ARE AS FOLLOWS:

	2009	2008
INTEREST INCOME	\$122,381	\$333,386
AUTO-CONVERTED GIFT CERTIFICATES	364,600	261,250
ONLINE DONATIONS	3,590,420	2,214,755

KIVA MAINTAINS ADMINISTRATIVE RECORDS TO REFLECT INDIVIDUAL USER BALANCES AND TRANSACTIONS (SUCH AS MICROLOANS MADE OR REPAYMENTS RECEIVED) RELATING TO KIVA USERS' PARTICIPATION IN THE KIVA MICROLOAN PLATFORM AND THEIR CORRESPONDING FUNDS HELD IN, OR TRANSACTED VIA, THE FBO ACCOUNTS. IN THE EVENT AN ADMINISTRATIVE PROCESSING/RECORDING ISSUE RESULTS IN A DIFFERENCE BETWEEN SUCH USER-ACCOUNT RECORDS AND THE FBO ACCOUNT BALANCES, KIVA MAY BE EXPECTED TO COVER ANY SUCH RESULTING VARIANCE FOR THE FBO ACCOUNTS. FOR THE YEARS ENDED DECEMBER 31, 2009 AND 2008, KIVA INDEMNIFIED, IN THE APPROXIMATE AMOUNT OF \$110,000 AND \$242,000 RESPECTIVELY, THE KIVA USER FUNDS BANK ACCOUNTS FOR A SET OF REPAYMENTS THAT WERE CREDITED TO VARIOUS USERS, BUT FOR WHICH CERTAIN MFI'S ULTIMATELY FAILED TO MAKE THE CONTRACTUALLY REQUIRED CORRESPONDING REPAYMENTS.

**Schedule F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" to Form 990,
Part IV, line 14b, 15, or 16.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization

Employer identification number

KIVA MICROFUNDS

71-0992446

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

2 For grantmakers. Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States.

3 Activities per Region. (Use Schedule F-1 (Form 990) if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
CENTRAL AMERICA	0	1	PROGRAM SERVICES	PARTNER MONITORING	5,801.
EAST ASIA	0	2	PROGRAM SERVICES	PARTNER MONITORING	82,023.
EUROPE	0	1	PROGRAM SERVICES	PARTNER MONITORING	41,461.
MIDDLE EAST	0	1	PROGRAM SERVICES	PARTNER MONITORING	18,777.
NORTH AMERICA	0	1	PROGRAM SERVICES	PARTNER MONITORING	5,347.
RUSSIA	0	0	PROGRAM SERVICES	PARTNER MONITORING	33,187.
SOUTH AMERICA	0	1	PROGRAM SERVICES	PARTNER MONITORING	42,684.
SOUTH ASIA	0	0	PROGRAM SERVICES	PARTNER MONITORING	2,578.
Totals	0	11			477,704.

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule F (Form 990) 2009

SCHEDULE L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**
▶ **Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.**

OMB No. 1545-0047

2009

Open To Public Inspection

Name of the organization **KIVA MICROFUNDS** Employer identification number **71-0992446**

Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only).
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 ▶ \$ _____
3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$ _____

Part II Loans to and/or From Interested Persons.
Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a.

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
Total				▶ \$						

Part III Grants or Assistance Benefiting Interested Persons.
Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount and type of assistance

Part IV Business Transactions Involving Interested Persons.
Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
JENNY SHILLING STEIN	EXECUTIVE DIRECTOR	50,000.	CASH GRANT		X
LESLIE CRUTCHFIELD	MANAGING DIRECTOR	150,000.	CASH GRANT		X
LESLIE CRUTCHFIELD	MANAGING DIRECTOR	25,000.	CASH GRANT		X

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule L (Form 990 or 990-EZ) 2009

SEE SCHEDULE O FOR SCHEDULE L CONTINUATIONS

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
▶ **Attach to Form 990.**

Name of the organization **KIVA MICROFUNDS** Employer identification number **71-0992446**

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property	X	16	139,622.	FMV
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (<u>SERVICES</u>)	X	26	3,223,401.	FMV
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgment **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II.		

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization

KIVA MICROFUNDS

Employer identification number

71-0992446

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

INSTITUTIONS (MFIS) WHO ARE RESPONSIBLE FOR SELECTING BORROWERS,

REVIEWING THE LOAN APPLICATIONS AND UPLOADING THE LOAN REQUESTS TO

KIVA'S WEBSITE ONCE THEY HAVE APPROVED THE LOAN. WHEN THE LOAN FUNDS

ARE RAISED, KIVA SENDS THE MONEY (VIA A NET BILLING PROCESS) TO THE

MFI, WHO USES THE FUNDS TO REPLENISH THE LOAN THAT HAS BEEN

PRE-DISBURSED TO THE ENTREPRENEUR AND ADMINISTERS THE LOAN. TO DATE,

KIVA HAS FACILITATED OVER US\$110 MILLION IN LOANS FROM LENDERS THROUGH

THE WEBSITE. KIVA IS SUPPORTED PRIMARILY THROUGH INDIVIDUAL AND

CORPORATE CONTRIBUTIONS AND GRANTS FROM FOUNDATIONS.

FORM 990, PART VI: BOARD OF DIRECTORS MAILING LIST NOT

REACHABLE AT ORGANIZATION'S MAILING ADDRESS:

LESLIE CRUTCHFIELD, MANAGING DIRECTOR

ASHOKA GLOBAL ACADEMY FOR SOCIAL ENTREPRENEURSHIP

1700 NORTH MOORE STREET, SUITE 2000

ARLINGTON, VA 22209

ALEX EDELSTEIN, CEO

CLOUD CROWD

164 TOWNSEND, SUITE 12

SAN FRANCISCO, CA 94107

REID HOFFMAN, CEO

LINKEDIN CORPORATION

2029 STIERLIN COURT

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
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2009

Open to Public
Inspection

Name of the organization

KIVA MICROFUNDS

Employer identification number

71-0992446

MOUNTAIN VIEW, CA 94043

JENNY SHILLING STEIN, EXECUTIVE DIRECTOR

DRAPER RICHARDS FOUNDATION

50 CALIFORNIA STREET, SUITE 2925

SAN FRANCISCO, CA 94111

TABREEZ VERJEE, PRESIDENT

BETA WAVE

706 MISSION STREET, 10TH FLOOR

SAN FRANCISCO, CA 94103

JULIE HANNA FARRIS

1142 FILBERT STREET

SAN FRANCISCO, CA 94109

JESSICA JACKLEY

6767 SUNSET BOULEVARD

8-402

LOS ANGELES, CA 90028

FORM 990, PART VI, SECTION A, LINE 2: DIRECTORS MATTHEW AND JESSICA
JACKLEY, CO-FOUNDERS OF KIVA, ARE MARRIED.

FORM 990, PART VI, SECTION B, LINE 11: CURRENTLY KIVA MAKES ITS FORM 990
AVAILABLE FOR INSPECTION ON ITS WEBSITE WWW.KIVA.ORG, ON GUIDESTAR, A

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization

KIVA MICROFUNDS

Employer identification number

71-0992446

THIRD-PARTY WEBSITE, AND UPON REQUEST. KIVA'S FORM 1023 IS MADE AVAILABLE UPON REQUEST BY THE INDIVIDUAL. FORM 990 IS FIRST REVIEWED BY THE ACCOUNTING MANAGER AND CFO TO ENSURE ACCURACY. IT IS THEN PASSED ON TO THE AUDIT COMMITTEE FOR THEIR APPROVAL. THEY WILL THEN DISCUSS THEIR FINDINGS, THEIR APPROVAL, AND ANY ISSUES THAT NEED TO BE ADDRESSED AT THE ENSUING BOARD MEETING. AT THIS TIME, THE FORM 990 WILL BE SIGNED AND SUBMITTED.

FORM 990, PART VI, SECTION B, LINE 12C: ON AN ANNUAL BASIS, THROUGH A DISCLOSURE FORM, (1) MEMBERS OF THE BOARD, (2) OFFICERS AND (3) KEY EMPLOYEES ARE ASKED TO DISCLOSE TO THE COMPANY'S GENERAL COUNSEL ANY FACTS THAT MAY BE CONSTRUED AS A CONFLICT OF INTEREST.

FORM 990, PART VI, SECTION B, LINE 15: COMPENSATION FOR OFFICERS IS DETERMINED THROUGH REVIEW OF COMPENSATION SURVEYS AND COMPARABILITY DATA OF LIKE TYPE INDIVIDUALS IN THE NONPROFIT, FOR PROFIT, AND REGIONAL AREAS.

FORM 990, PART VI, SECTION C, LINE 19: CURRENTLY, KIVA MAKES AVAILABLE COPIES OF ITS FINANCIAL STATEMENTS VIA ITS WEBSITE. GOVERNING DOCUMENTS INCLUDING THE CONFLICT OF INTEREST POLICY ARE AVAILABLE VIA ITS WEBSITE.

FORM 990, PART XI, LINE 2C

AUDIT COMMITTEE

IN FISCAL YEAR 2009, KIVA DID NOT CHANGE EITHER ITS OVERSIGHT PROCESS OR SELECTION PROCESS.

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization

KIVA MICROFUNDS

Employer identification number

71-0992446

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: JENNY SHILLING STEIN

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

EXECUTIVE DIRECTOR OF GRANTOR-DRAPER RICHARDS FOUNDATION

(D) DESCRIPTION OF TRANSACTION: CASH GRANT TO KIVA FROM DRAPER RICHARDS

FOUNDATION

(A) NAME OF PERSON: LESLIE CRUTCHFIELD

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

MANAGING DIRECTOR OF ASHOKA GLOBAL ACADEMY FOR SOCIAL ENTREPRENEURSHIP

(D) DESCRIPTION OF TRANSACTION: CASH GRANT TO KIVA FROM THE GOLDHIRSH

FOUNDATION

(A) NAME OF PERSON: LESLIE CRUTCHFIELD

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

MANAGING DIRECTOR OF ASHOKA GLOBAL ACADEMY FOR SOCIAL ENTREPRENEURSHIP

(D) DESCRIPTION OF TRANSACTION: CASH GRANT TO KIVA FROM ASHOKA GLOBAL

ACADEMY FOR SOCIAL ENTREPRENEURSHIP

FORM 990, PART I, LINE 6

VOLUNTEER PROGRAM:

IN FISCAL YEAR 2009, KIVA ENGAGED 600 VOLUNTEERS TO ASSIST IN ITS

OPERATIONS. VOLUNTEERS WERE COMPRISED OF THREE CATEGORIES; TRANSLATORS

AND EDITORS, FELLOWS, AND GENERAL OFFICE SUPPORT.

KIVA TRANSLATORS AND EDITORS PLAY A KEY ROLE IN KIVA'S LOAN MONITORING

PROCESS, CHECKING EACH MICROLOAN PROPOSAL THAT IS POSTED FROM KIVA'S

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.

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2009

Open to Public
Inspection

Name of the organization

KIVA MICROFUNDS

Employer identification number

71-0992446

FIELD PARTNERS TO THE WEBSITE, EXAMINING THE DETAILS PROVIDED ONLINE
FOR DATA INTEGRITY AND CLARITY. KIVA EDITORS REVIEW LOAN PROPOSALS
POSTED IN ENGLISH, REVISING AND CLARIFYING TEXT, WHILE KIVA TRANSLATORS
PROVIDE SPECIALIZED SUPPORT FOR PROJECTS REQUIRING TRANSLATION
PROFESSIONALS, CONTRIBUTING TO KIVA'S COMMUNICATIONS MATERIALS AND
TECHNICAL DOCUMENTATION.

KIVA FELLOWS ARE AN INTEGRAL PART OF THE KIVA TEAM, ACTING AS KIVA'S
EYES AND EARS IN THE FIELD AND HELPING TO EXTEND THE LIMITED RESOURCES
OF ITS FIELD PARTNERS TO MAXIMUM EFFECT. FELLOWS PROVIDE CONSULTATIVE
SERVICES TO ITS FIELD PARTNERS, PROVIDE PREMIUM CONTENT FOR ITS
LENDERS, AND SERVICE AS SHORT-TERM FIELD REPRESENTATIVES ON BEHALF OF
ITS STAFF.

KIVA'S GENERAL OFFICE SUPPORT VOLUNTEERS PERFORM AN ARRAY OF DUTIES
RANGING FROM MARKETING AND BUSINESS DEVELOPMENT, RECRUITMENT, CUSTOMER
SUPPORT, ANALYTICS, AND FELLOWS PROGRAM SUPPORT. THEY ARE INTEGRAL TO
THE SUPPORT AND DEVELOPMENT OF KIVA'S OPERATIONAL CAPACITY.

PART V, LINE 7G

DURING YEAR 2009 THE ORGANIZATION DID NOT RECEIVE CONTRIBUTIONS OF
QUALIFIED INTELLECTUAL PROPERTY, AS A RESULT, FORM 8899 WAS NOT FILED.

PART V, LINE 7H

THE ORGANIZATION DID NOT RECEIVE CONTRIBUTIONS OF CARS, BOATS,
AIRPLANES, AND OTHER VEHICLES DURING YEAR 2009 AND, AS A RESULT, NO
1098-C FORM WAS NOT FILED.

Related Organizations and Unrelated Partnerships

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.**
▶ **Attach to Form 990.** ▶ **See separate instructions.**

Name of the organization **Employer identification number**
KIVA MICROFUNDS 71-0992446

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
KIVA USER FUNDS, LLC - 26-1778383 3180 18TH STREET, SUITE 202 SAN FRANCISCO, CA 94110	FBO ACCOUNT HOLDER	CALIFORNIA	0.	28,469,545.	NA

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity

Part III Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportion- ate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	
							Yes	No		Yes	No

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(d) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity	1a	
b Gift, grant, or capital contribution to other organization(s)	1b	
c Gift, grant, or capital contribution from other organization(s)	1c	
d Loans or loan guarantees to or for other organization(s)	1d	
e Loans or loan guarantees by other organization(s)	1e	
f Sale of assets to other organization(s)	1f	
g Purchase of assets from other organization(s)	1g	
h Exchange of assets	1h	
i Lease of facilities, equipment, or other assets to other organization(s)	1i	
j Lease of facilities, equipment, or other assets from other organization(s)	1j	
k Performance of services or membership or fundraising solicitations for other organization(s)	1k	
l Performance of services or membership or fundraising solicitations by other organization(s)	1l	
m Sharing of facilities, equipment, mailing lists, or other assets	1m	
n Sharing of paid employees	1n	
o Reimbursement paid to other organization for expenses	1o	
p Reimbursement paid by other organization for expenses	1p	
q Other transfer of cash or property to other organization(s)	1q	
r Other transfer of cash or property from other organization(s)	1r	



2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(a) Name of other organization(s)	(b) Transaction type (a-r)	(c) Amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

2009 DEPRECIATION AND AMORTIZATION REPORT

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
	LEASEHOLD IMPROVEMENTS											
1	TD COMMUNICATIONS DECKER ELECTRONICS CO.	070607		50M	43	10,621.			10,621.	3,824.		2,549.
2	TD COMMUNICATIONS DECKER ELECTRONICS CO.	071207		50M	43	11,776.			11,776.	4,239.		2,826.
3	TD COMMUNICATIONS DECKER ELECTRONICS CO.	072607		50M	43	6,408.			6,408.	2,179.		1,538.
4	SIPWEST	081007		49M	43	3,274.			3,274.	1,136.		802.
5	TD COMMUNICATIONS	081007		49M	43	8,007.			8,007.	2,778.		1,961.
6	TD COMMUNICATIONS	032708		47M	43	1,135.			1,135.	290.		290.
7	TD COMMUNICATIONS	012308		47M	43	1,154.			1,154.	295.		295.
8	INSIDE SOURCE SUITE 202	080107		49M	43	27,500.			27,500.	9,541.		6,735.
76	INSTALLATION	092509	SL	2.00	16	1,067.			1,067.			133.
	* 990 PAGE 10 TOTAL - LEASEHOLD IMPROV FURNITURE & FIXTURES					70,942.		0.	70,942.	24,282.	0.	17,129.
13	CONFERENCE TABLE	022508	SL	7.00	16	1,225.			1,225.	160.		175.
14	OFFICE FURNITURE	071407	SL	7.00	16	2,437.			2,437.	493.		348.
77	SAFES	011009	SL	7.00	16	3,515.			3,515.			503.
	* 990 PAGE 10 TOTAL - FURNITURE & FIXT					7,177.		0.	7,177.	653.	0.	1,026.
	EQUIPMENT											
15	MACBOOK - JEREMY	121406	SL	3.00	16	2,003.			2,003.	1,391.		612.

2009 DEPRECIATION AND AMORTIZATION REPORT

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
16	MACBOOK	042007	SL	3.00	16	1,955.			1,955.	1,141.		652.
17	MACBOOK - JON	080207	SL	3.00	16	2,177.			2,177.	1,028.		726.
18	17 LENOVE T60'S	060107	SL	3.00	16	20,383.			20,383.	10,757.		6,794.
19	12 LENOVE X60'S	060107	SL	3.00	16	16,788.			16,788.	8,860.		5,596.
20	7 MACBOOKS	100107	SL	3.00	16	10,458.			10,458.	4,358.		3,486.
21	4 MACBOOK PROS	100107	SL	3.00	16	7,598.			7,598.	3,166.		2,533.
22	SONICWALL PRO 2040	100107	SL	3.00	16	1,395.			1,395.	581.		465.
23	B & H	071907	SL	3.00	16	1,800.			1,800.	900.		600.
24	LANLOGIC	083106	SL	3.00	16	1,500.			1,500.	1,217.		283.
25	2 MACBOOK PROS	101508	SL	3.00	16	5,280.			5,280.	440.		1,760.
26	3 MACBOOK PROS	102908	SL	3.00	16	7,921.			7,921.	660.		2,640.
27	XSERVE CTO	102408	SL	3.00	16	5,809.			5,809.	484.		1,936.
28	THINKPAD T61 - L3ABE5L	103108	SL	3.00	16	1,457.			1,457.	121.		486.
29	THINKPAD T61 - L3ABE6A	103108	SL	3.00	16	1,457.			1,457.	121.		486.
30	THINKPAD T61 - L3ABF8R	103108	SL	3.00	16	1,457.			1,457.	121.		486.
31	THINKPAD T61 - L3ABF9A	103108	SL	3.00	16	1,457.			1,457.	121.		486.
32	THINKPAD T61 - L3ABM9G	103108	SL	3.00	16	1,457.			1,457.	121.		486.
33	THINKPAD T61 - L3ACM2E	103108	SL	3.00	16	1,457.			1,457.	121.		486.

2009 DEPRECIATION AND AMORTIZATION REPORT

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
34	THINKPAD T61 - L3ACM2W	10/31/08	SL	3.00	16	1,457.			1,457.	121.		486.
35	THINKPAD T61 - L3ACM2X	10/31/08	SL	3.00	16	1,457.			1,457.	121.		486.
36	THINKPAD T61 - L3ACM3L	10/31/08	SL	3.00	16	1,457.			1,457.	121.		486.
37	THINKPAD T61 - L3ACH4E	10/31/08	SL	3.00	16	1,457.			1,457.	121.		486.
38	THINKPAD T61 - L3ACM4H	10/31/08	SL	3.00	16	1,457.			1,457.	121.		486.
39	THINKPAD T61 - L3ACM4X	10/31/08	SL	3.00	16	1,457.			1,457.	121.		486.
40	THINKPAD T61 - L3ACM5A	10/31/08	SL	3.00	16	1,457.			1,457.	121.		486.
41	THINKPAD T61 - L3ACM5K	10/31/08	SL	3.00	16	1,457.			1,457.	121.		486.
42	THINKPAD T61 - L3ACZ1A	10/31/08	SL	3.00	16	1,457.			1,457.	121.		486.
43	THINKPAD T61 - L3ACZ1B	10/31/08	SL	3.00	16	1,457.			1,457.	121.		486.
44	THINKPAD T61 - L3ACZ2C	10/31/08	SL	3.00	16	1,457.			1,457.	121.		486.
45	THINKPAD T61 - L3ACZ2D	10/31/08	SL	3.00	16	1,457.			1,457.	121.		486.
46	THINKPAD T61 - L3G8404	10/31/08	SL	3.00	16	1,457.			1,457.	121.		486.
47	THINKPAD T61 - L3H0550	10/31/08	SL	3.00	16	1,457.			1,457.	121.		486.
51	PRINTER	05/11/07	SL	3.00	16	709.			709.	394.		236.
52	REFRIGERATOR	06/25/07	SL	3.00	16	758.			758.	400.		253.
53	IBM SERIES SERIVER URCHIN GOOGLE	04/24/09	SL	3.00	16	1,400.			1,400.			311.
54	SOFTWARE	05/29/09	SL	3.00	16	2,995.			2,995.			582.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
55	SERVER-SILICON MECHANICS	062909	SL	3.00	16	3,332.			3,332.			555.
56	SERVER-SILICON MECHANICS	070609	SL	3.00	16	2,948.			2,948.			491.
57	MACBOOK	080709	SL	3.00	16	1,727.			1,727.			240.
58	MACBOOK	082509	SL	3.00	16	1,663.			1,663.			185.
59	2 MACBOOKS	110109	SL	3.00	16	5,568.			5,568.			309.
60	2 SATA DATA FOR SERVER	111109	SL	3.00	16	1,467.			1,467.			82.
61	4 SATA DATA FOR SERVER	111109	SL	3.00	16	3,627.			3,627.			202.
62	2 SATA DATA FOR SERVER	111109	SL	3.00	16	1,651.			1,651.			92.
63	RACKFORM NSERV A266	111709	SL	3.00	16	3,599.			3,599.			100.
64	RACKFORM ISERV R122	111709	SL	3.00	16	1,517.			1,517.			42.
65	ASA COMPUTERS	121209	SL	3.00	16	3,758.			3,758.			104.
66	ISERV R122	120709	SL	3.00	16	1,517.			1,517.			42.
67	ISERV R122	121409	SL	3.00	16	1,517.			1,517.			42.
68	2 SET FIREWALL	103009	SL	3.00	16	11,990.			11,990.			666.
69	2 SET POWER CORD FOR FIREWALL	103009	SL	3.00	16	2,000.			2,000.			111.
70	3 SET SWITCH CATALYST	110209	SL	3.00	16	14,685.			14,685.			816.
71	WORKGROUP WIRELESS LAN	110209	SL	3.00	16	2,790.			2,790.			155.
72	CONTROLLER	103109	SL	3.00	16	4,795.			4,795.			266.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
73	4 SET SWITCH CATALYST	122109	SL	3.00	16	53,960.			53,960.			0.
74	2 RACKFORM SERV A266	120209	SL	3.00	16	12,768.			12,768.			355.
75	4 RACKFORM SERV R122	120609	SL	3.00	16	6,069.			6,069.			169.
	* 990 PAGE 10 TOTAL - EQUIPMENT					263,017.		0.	263,017.	38,197.	0.	44,209.
48	WEBSITE DEVELOPMENT 2006	010106	SL	3.00	16	37,576.			37,576.	37,576.		0.
49	WEBSITE DEVELOPMENT 2007	010107	SL	3.00	16	254,771.			254,771.	169,848.		84,923.
50	WEBSITE DEVELOPMENT 2008	010108	SL	3.00	16	579,115.			579,115.	193,038.		193,038.
78	WEBSITE DEVELOPMENT-LABOR 2009	010109	SL	3.00	16	673,627.			673,627.			224,542.
	* 990 PAGE 10 TOTAL - WEBSITE DEVELOPM					1,545,089.		0.	1,545,089.	400,462.	0.	502,503.
	* GRAND TOTAL 990 PAGE 10 DEPR & AMOR					1,886,225.		0.	1,886,225.	463,594.	0.	564,867.

FOOTNOTES

STATEMENT 1

TOTAL COMPENSATION OF OFFICERS, DIRECTORS,
TRUSTEES, KEY EMPLOYEES, HIGHEST COMPENSATED
EMPLOYEES, AND INDEPENDENT CONTRACTORS ON
LINE 1(B) PAGE 8 OF FORM 990

1,143,642.

AMOUNT ALLOCATED TO WEBSITE DEVELOPMENT

<344,146.>

TOTAL COMPENSATION REPORTED ON LINE 5 PAGE 10
OF FORM 990

799,496.

COPY

Depreciation and Amortization 990
 (Including Information on Listed Property)

▶ See separate instructions. ▶ Attach to your tax return.

Name(s) shown on return: **KIVA MICROFUNDS**
 Business or activity to which this form relates: **FORM 990 PAGE 10**
 Identifying number: **71-0992446**

Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount. See the instructions for a higher limit for certain businesses	1	250,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	800,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2008 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2010. Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	547,871.

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2009	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		<input type="checkbox"/>

Section B - Assets Placed in Service During 2009 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property	/		27.5 yrs.	MM	S/L	
	/		27.5 yrs.	MM	S/L	
i Nonresidential real property	/		39 yrs.	MM	S/L	
	/			MM	S/L	

Section C - Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year	/		40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22	547,871.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles)

24a Do you have evidence to support the business/investment use claimed? <input type="checkbox"/> Yes <input type="checkbox"/> No		24b If "Yes," is the evidence written? <input type="checkbox"/> Yes <input type="checkbox"/> No							
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/Convention	(h) Depreciation deduction	(i) Elected section 179 cost	
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use								25	
26 Property used more than 50% in a qualified business use:									
	:	:	%						
	:	:	%						
	:	:	%						
27 Property used 50% or less in a qualified business use:									
	:	:	%			S/L -			
	:	:	%			S/L -			
	:	:	%			S/L -			
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1								28	
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1								29	

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

30 Total business/investment miles driven during the year (do not include commuting miles)	(a) Vehicle		(b) Vehicle		(c) Vehicle		(d) Vehicle		(e) Vehicle		(f) Vehicle	
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year. Add lines 30 through 32												
34 Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons.

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes	No
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use?		

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year	
42 Amortization of costs that begins during your 2009 tax year:						
	:					
	:					
43 Amortization of costs that began before your 2009 tax year					43	16,996.
44 Total. Add amounts in column (f). See the instructions for where to report					44	16,996.